MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

0964

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Oxford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 yr. -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Oxford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Oris Lee Abbott

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife: Mrs Oris Abbott

6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1889

8. AGE: Years	Months	Days	If less than one day
50	01	30	____ hrs. ____ min.

9. Birthplace: Deals Island, Md (Town, county, and state)

10. Usual occupation: Laborer - Waterman

11. Industry or business: Shoe repairing

FATHER 12. Name: George Abbott

FATHER 13. Birthplace: Somerset Co., Md.

MOTHER 14. Maiden name: Louisa Webster

MOTHER 15. Birthplace: Somerset Co. Md

18. Informant: Mrs. Oris Abbott

Address: Oxford, Md.

17. Burial (Burial, cremation, or removal) Which? Date thereof: Jan 28, 1940 (month) (day) (year)

Cemetery or crematory: Oxford

Location: Oxford, Md

18. Funeral director: Maurice E. Newnam & Son

Address: Easton, Md

19. Jan 29 1940 (Date rec'd by registrar) Jos. H. Atkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 22 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-10-1940, to 1-22-1940, and that I last saw him alive on 1-20-1940

Immediate cause of death	DURATION
Coronary Thrombosis	1-7-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P. E. Cox M. D. (M. D. or other)

Address: Easton Md Date signed: 1-23-40

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

0965

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:
If in hospital or institution, give its name instead of street address. Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Joseph Berg

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Mary Berg

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): July 6 - 1859

8. AGE: Years: 80 yrs. Months: 6 Days: 13 If less than one day: ____ hrs. ____ min.

9. Birthplace: Iowa (Town, county, and state)

10. Usual occupation: Coal Dealer

11. Industry or business:

FATHER 12. Name: Halvor Berg

13. Birthplace: Norway

MOTHER 14. Maiden name: Unknown

15. Birthplace:

16. Informant: Mary Berg

Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13, 1940 (month) (day) (year)

Cemetery or crematory: Chester Cemetery

Location: Chestertown, Md.

18. Funeral director: Ralph Wilson, Inc.

Address: Chestertown, Md. J.W.W.

19. 1/19 1940 N.H. Harris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 19 1940, and that I last saw him alive on Jan. 19 1940.

Immediate cause of death	DURATION
Pulmonary Embolus	1 day
Hypertrophied Prostate	2 yrs. ?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M.D.
M. D. or other

Address Easton Md Date signed 1-20-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106f)

Baker 0966

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: South St

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie E. Carroll

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife W. F. Carroll

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/3/69

8. AGE:

Years	Months	Days	If less than one day
70	11	3	— hrs. — min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Isaac E. Ettenedle
13. Birthplace Penn

MOTHER
14. Maiden name Catherine Shatta
15. Birthplace Penn

16. Informant Catherine Humphreys
Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/8/40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director James A. Bruce,
Address Easton Md

19. 1/8 (Date rec'd by registrar) 1940 N.A. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 12 1940, to Jan 5 1940, and that I last saw h[illegible] alive on Jan 5 1940.

	DURATION
Immediate cause of death Myocardial failure	2 weeks
Due to Bronchiectasis	2 yrs
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations —

Dt autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J. Tyler Baker M.D.
M. D. or other

Address Easton Date signed 1-7-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99

CERTIFICATE OF DEATH

0967

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne Co.

City or town Chester Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alvin Caulbourne

3. (b) Social Security Number 212-16-1049

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	B	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
31 yrs.			hrs. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Oyster shucker

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Raymond Smith

Address Centreville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/20/40 (month) (day) (year)

Cemetery or crematory Centreville

Location Centreville Md.

18. Funeral director Annie W. Eddens

Address Centreville Md

19. 1/20 (Date rec'd by registrar) 19 40 N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at 12 55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1940, to Jan 19 1940, and that I last saw him alive on Jan. 19 1940.

Immediate cause of death	DURATION
Mesenteric Thrombosis with gangrene of small intestine	1-12-40
Due to Cause unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Extreme dilitation of intestines

Of autopsy Thrombosis of mesenteric vessels

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. D. Noble M. D. or other

Address Easton, Md. Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (U)

0968

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

If in hospital or inst. (yrs., or mos., or days) 16 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. West Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maggie Christopher

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Fred Christopher

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1892

8. AGE:

Years	Months	Days	If less than one day
48			hrs. min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Alvin Beaver

13. Birthplace Lutztown

MOTHER

14. Maiden name Barbara Buckel

15. Birthplace Pennsylvania

16. Informant Mrs. Rosie Clenge

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13, 1940 (month) (day) (year)

Cemetery or crematory Springhill Cemetery

Location Easton, Md.

18. Funeral director Jesse A. Spence Per K.R. Thomas

Address Easton, Md.

19. 1/11 1940 M. H. Morris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 3:55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4 1940 to Jan. 10 1940, and that I last saw h alive on Jan. 10 1940

Immediate cause of death Pneumonia, Lobar

Diabetes mellitus

DURATION 8 days ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Cox M. D.

M. D. or other

Address Easton Md Date signed 1-12-40

VS A15 (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

· MARGIN RESERVED FOR BINDING

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

0969

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Eastan Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl X Davis

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Stillborn

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1940

8. AGE: Years: Stillborn | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Emergency Hospital, Easton (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Mr. Thomas Davis

13. Birthplace Md.

MOTHER 14. Maiden name Miss Jeanette Hopkins

15. Birthplace Caudova, Md.

16. Informant Mother

Address

17. Interment (Burial, cremation, or removal. Which?) Date thereof 1-4-40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton, Md.

18. Funeral director Emergency Hospital

Address Easton, Md.

19. 1/4 1940 N.H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1940, at 3 12 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Due to Miscarriage	
4/2 Presentation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Tyler Baker M.D.

M. D. or other

Address Easton Date signed 1-6-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0970

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Howard N. Davis

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Goldie E. Davis

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 4, 1874

8. AGE: Years 65 | Months 7 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace Dorchester County, Maryland (Town, county, and State)

10. Usual occupation Merchant

11. Industry or business Grocery Store

FATHER 12. Name Tilghman W. Davis

FATHER 13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Martha Williams

MOTHER 15. Birthplace Sussex County, Delaware

16. Informant Mrs. Goldie E. Davis

Address Easton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 15, 1940 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Hampton & Son

Address Federalsburg Maryland

19. 1/13 1940 (Date rec'd by registrar) M. H. Merrill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 6:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3- 1940 to 1-12- 1940, and that I last saw him alive on 1-12- 1940

Immediate cause of death	DURATION
Apoplexy	1-3-40
Due to Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. E. [illegible] M. D. (M. D. or other)

Address Easton, Md Date signed 1-13-40

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0971

1. PLACE OF DEATH

County Talbot Co Registration Dist. No. 290

Village or City near Easton Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John De Shields If U.S. Veteran specify WAR

(a) Residence No. Easton Md R.F.D. Ward. S.S. None

(Usual place of abode) If nonresident give city or town and State

"Outside"

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sally De Shields

6. DATE OF BIRTH (month, day, and year): not known

7. AGE: Years 80 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm Mob.

10. Data deceased last worked at this occupation (month and year): Four years ago

11. Total time (years) spent in this occupation: 45 years

12. BIRTHPLACE (city or town) (State or country): Talbot Co Maryland

FATHER

13. NAME: Solomon De Shields

14. BIRTHPLACE (city or town) (State or country): Talbot Co Maryland

MOTHER

15. MAIDEN NAME: Sarah Kellum

16. BIRTHPLACE (city or town) (State or country): Talbot Co Maryland

17. INFORMANT (Address): Sarah A. Kruslow Easton Md R.D.1

18. BURIAL, CREMATION, OR REMOVAL

Place: Unionville Md Date: Jan. 29, 1940

19. UNDERTAKER (Address): James H. Stewart Salisbury Md.

20. FILED: 1/27, 1940 N.H. Norris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 24, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940, to Jan. 24, 1940

I last saw him alive on Jan. 24, 1940, death is said to have occurred on the date stated above, at 11 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1/1/40

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hayward T. Webb M. D.

(Address) 633 Dover St. Easton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T) (I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0972

STATE OF MARYLAND—CERTIFICATE OF DEATH

(940)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 291

Village or City Royal Oak No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 63 yrs. ____ mos. ____ ds. How long in U.S. if of foraign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary M. Fields If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ Royal Oak St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Fields

6. DATE OF BIRTH (month, day, and year) Aug 10, ~~1866~~ 1862

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
77	~~Aug~~ 5	~~10~~ 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) 1939

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Talbot Co Md (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Mary Ann Dobson

16. BIRTHPLACE (city or town) Talbot Co. (State or country)

17. INFORMANT Carrie Fields (Address) Royal Oak Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Michaels Date Jan 29, 1940

19. UNDERTAKER Newnam & Harrison (Address) St. Michaels, Md.

20. FILED Jan 29, 1940 John Hurwales Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1940, to Jan 23, 1940

I last saw her alive on Jan 20, 1940; death is said to have occurred on the date stated above, at 11 30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac Thrombosis	Jan 23 40

Other Contributory Causes of Importance:

Chr Rheumatism

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19____

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) [signature] M. D.

(Address) St. Michaels, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 0973

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Aurora Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Aurora
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mildred Findlay

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Findlay, J. Orville

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1899

8. AGE: Years: 41 Months: 0 Days: 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Cordova
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Alva M. Frampton
13. Birthplace: Harmony, Caroline Co., Md

MOTHER
14. Maiden name: Mary A. Davis
15. Birthplace: Easton Talbot Co., Md.

16. Informant: J. Orville Findlay
Address: Easton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 27, 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md

18. Funeral director: Maurice E. Newnam & Son

Address: Easton, Md.

19. 1/27 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 25th 1940, at 6 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1936, to Jan 24th 1940, and that I last saw her alive on Jan 24th 1940.

Immediate cause of death: Coronary embolism — DURATION: 2 hrs

Due to: Phlebitis (l. leg) — 2 wks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jack K. B. Zerbee M. D. or other

Address: Easton Date signed: 1/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

CERTIFICATE OF DEATH

0974

Reg. Diat. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County TALBOT

City or town R. F. D. EASTON Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town R. F. D. Easton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME JAME HENRY FOSTER

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	W	Widowed.

6 (b) Name of husband or wife Emma Foster

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) JULY 15 1859

8. AGE: Years	Months	Days	If less than one day
51	6	1	____ hrs. ____ min.

9. Birthplace CENTREVILE, QUEEN ANNE Co. Md.
(Town, county, and state)

10. Usual occupation LABOR.

11. Industry or business

FATHER 12. Name JOHN T. FOSTER.

13. Birthplace Del.

MOTHER 14. Maiden name MAGGIE BALL

15. Birthplace TALBOT COUNTY.

16. Informant EARL FOSTER.

Address EASTON Md.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JAN. 18 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Talbot Co. Md

18. Funeral director Cyril W. Stafford

Address Easton Maryland.

19. 1/17 (Date rec'd by registrar) 19 40 W. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16-1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 36, to 1-16-1940

and that I last saw h~~im~~ alive on 1-10-1940

Immediate cause of death	DURATION
Renal Tuberculosis	3 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other

Address Easton, Md. Date signed 1/18/40

JAN 29 1940

Resp. had chest cold for about 12:20 pm 1-8-40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290 — 0975

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

1. PLACE OF DEATH:

County: Talbot

City or town: On way to Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Shore Estates

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Queen Anne

City or town: Queenstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry Thomas Greene, Sr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 31 1939

8. AGE: Years ____ Months 11 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Queenstown, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Henry Thomas Greene, Sr.
13. Birthplace: Washington D.C.

MOTHER
14. Maiden name: Louise Beecher
15. Birthplace: Queen Anne Co. Md.

16. Informant: J. T. Beecher
Address: Queenstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/10/40 (month) (day) (year)

Cemetery or crematory: Centreville

Location: Centreville Md.

18. Funeral director: Barton Brothers

Address: Centerville Md.

19. 1/8 19 40 (Date rec'd by registrar) M. H. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8 1940, at 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8 1940 to January 8 1940, and that I last saw h[im] alive on January 8 1940.

Immediate cause of death	DURATION
Bronchial Pneumonia	
Due to Preceded by a common cold of several days duration	
Due to Otherwise, there was no associated disease.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Chas E Temple M. D. or other

Address: Centreville Date signed 1/16/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

0976

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 1/2 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Virgie H. Greenhawk

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Walter T. Greenhawk
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1893

8. AGE: Years 46 | Months 6 | Days | If less than one day hrs. min.

9. Birthplace Caroline Co. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Sam Patrick
13. Birthplace Md

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Walter T. Greenhawk
Address Easton, Md.

17. Burial Date thereof Jan. 15, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.

18. Funeral director James A. Bruce
Address Easton Md.

19. 1/12 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 6:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1940, to Jan. 12 1940, and that I last saw h-er-alive on Jan. 12 1940.

Immediate cause of death	DURATION
Septic Sore Throat	3 days
Diabetes Mellitus	10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other
Address Easton Md Date signed 1-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 6 1940
BUREAU V. S.

Dr. Palmer

0977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Greenwood

3. (b) Social Security Number None

4. Sex m

5. Color or race w

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1940

8. AGE: Years Months Days If less than one day hrs. min.

9. Birthplace Easton Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Mr. George Greenwood
13. Birthplace Trappe, Md.

MOTHER
14. Maiden name Viola Jones
15. Birthplace Easton Md

16. Informant Mrs. Viola Greenwood
Address Easton, Md

17. Cremation
(Burial, cremation, or removal. Which?)
Date thereof 1-12-40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton, Md.

18. Funeral director Emergency Hospital
Address Easton, Md

19. 1/12 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1940, at 7 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,
and that I last saw h alive on 19

Immediate cause of death Still-born

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. Palmer
M. D. or other
Address Easton Md Date signed 1/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

T. 0978

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 1/2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elsie Griffin

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Guy T. Griffin

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Aug. 19 - 1890

8. AGE:

Years	Months	Days	If less than one day
50	5	7	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

FATHER 12. Name Lee Tucker

13. Birthplace Maryland

MOTHER 14. Maiden name Annie Maria Bruce

15. Birthplace Maryland

16. Informant Guy G. Griffin

Address Easton

17. Burial Date thereof Jan. 22, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director James A. Dunn

Address Easton, Md.

19. 1/19 1940 M. H. Merrill

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 12:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10 1940, to Jan. 19 1940, and that I last saw her alive on Jan. 19 1940

Immediate cause of death	DURATION
Thyro toxicosis	2 yr
Due to Toxic thyroid	2 yrs
Due to Pneumonia. Bronchial	2 days
Other conditions appendicitis Ruptured	12 days

(Include pregnancy within 3 months of death)

Major findings:

Dt operations Ruptured appendicitis

& General peritonitis

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. W. Palmer M.D.

M. D. or other

Address Easton Md Date signed 1/19 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (T) (I)

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

0979

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County: Talbot

City or town: Oxford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 57 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Oxford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie May Haddaway

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Edward Haddaway

6 (c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Sept 25, 1866

8. AGE: Years: 73 Months: 5 Days: 4 If less than one day: hrs. min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: William Bassett

13. Birthplace: Unknown

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: James Edw. Haddaway

Address: Oxford, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 31, 1940 (month) (day) (year)

Cemetery or crematory: Oxford ~~Md~~

Location: Near Oxford Md

18. Funeral director: Maurice E. Newnam & Son

Address: Easton Md

19. Jan 30 1940 (Date rec'd by registrar) Joseph A. Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 29 1940, at 5P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1928, to Jan 29th 1940, and that I last saw her alive on Jan 29 1940.

Immediate cause of death: Diabetes

DURATION: 11 years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Joseph A. Ross M. D. or other

Address: Trappe, Md Date signed: 1/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 (T) (I) (M)

RECEIVED
FEB 2 1940
BUREAU V. S.

0980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Aurora St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs, 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. S. Aurora

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Chas. F. Harrison

3. (b) Social Security Number ✓ None

4. Sex M

5. Color or race W.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 6/8/63

8. AGE: Years 76 Months 7 Days ✓ If less than one day ___ hrs. ___ min.

9. Birthplace Talbot County (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER 12. Name Joseph Harrison

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Ann Harrison

15. Birthplace Md.

16. Informant Welfare Board

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 10th 1940 (month) (day) (year)

Cemetery or crematory Bozman

Location Bozman, Md.

18. Funeral director James A. Spence

Address Easton Md

19. 1/10 1940 (Date rec'd by registrar) N. H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5 1940, to January 8 1940, and that I last saw h[illegible] alive on January 8 1940.

Immediate cause of death Bronchopneumonia — DURATION 7 days

Due to Chronic Myocarditis — 10 years

Due to Senility

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Neuman M. D. or other

Address Easton, Md. Date signed 1/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (M)

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0981

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Tilghman Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ~~Baby~~ Mary Sharon Harrison

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1939

8. AGE: Years | Months 5 6 | Days 26 | If less than one day hrs. min.

9. Birthplace Tilghman (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Lenin H. Harrison Jr.
13. Birthplace Tilghman, Md.

MOTHER 14. Maiden name Alice Jarvis
15. Birthplace Tilghman

16. Informant Lenin H. Harrison Jr.
Address Tilghman

17. Burial Date thereof Jan 21 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Church
Location Tilghman

18. Funeral director Megginson & Harrison
Address St. Michaels

19. 1/20 1940 N. B. Meeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 11 53 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 1940 to January 19 1940, and that I last saw her alive on January 19 1940.

Immediate cause of death	DURATION
Bronchio-pneumonia	2 days
Due to Emphysema	1 wk
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Coy M. D.
M. D. or other
Address Easton Md. Date signed 1-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0982

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Longwoods Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 21 — 1940

8. AGE: Years ✓ | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Easton - Talbot Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Austin Henson
13. Birthplace Harris - North Carolina

MOTHER
14. Maiden name Irene Rachel Frasheur
15. Birthplace Henrietta - North Carolina

16. Informant Mr. Austin Henson
Address Longwoods, Maryland.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 1-21-'40 (month) (day) (year)

Cemetery or crematory Emergency Hospital Easton

Location Emergency Hospital Easton

18. Funeral director
Address

19. 1/21 1940 N.H. Nevius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1940, at 7:17 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Still-born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. Palmer
M. D. or other
Address Easton Md. Date signed 1/21/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15 (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

0983

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Do

3. (a) FULL NAME Harry Joiner

3. (b) Social Security Number None

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widower

B (b) Name of husband or wife Emma D. Joiner.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known.

8. AGE: Years 65 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland.

(Town, county, and state)

10. Usual occupation Night Watchman

11. Industry or business

FATHER 12. Name not known,

13. Birthplace "

MOTHER 14. Maiden name not known.

15. Birthplace "

16. Informant Reuben Joiner

Address Easton, Md.

17. Burial. Date thereof Jan 21, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester

Location Chestertown, Maryland

18. Funeral director James A. Spence

Address Easton, Md.

19. 1/20 1940 N. H. Neerius

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 1940, to Jan 18 1940, and that I last saw him alive on 1-18-40 19

Immediate cause of death Acute Myocarditis

DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker

M. D. or other

Address Easton, Md Date signed 1-20-40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 290 — 0984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Talbot

City or town Royal Oak, Md, rural Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address or hospital, or institution: Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 91 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Royal Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural Easton Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George M. Kilmon

3. (b) Social Security Number None

4. Sex F. | 5. Color or race W. | 6.(a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Annie M. Kilmon

6(c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) March 8, 1848

8. AGE: Years 91 | Months 9 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER 12. Name Wilmer A. Kilmon

13. Birthplace Md.

MOTHER 14. Maiden name Margret Ann Leonard

15. Birthplace Md

16. Informant Mrs. James Hubbard

Address Easton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 8, 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton. Md

18. Funeral director Jones & Spencer

Address Easton Md.

19. 1/8 (Date rec'd by registrar) 1940 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 January 1940, at 9:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 December 1939, to 5 January 1940, and that I last saw h alive on 5 January 1940.

	DURATION
Immediate cause of death: Arterial sclerosis general	unknown
Due to	
Due to	
Other conditions: -	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: -

Of autopsy: -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. L. Curtis M. D. or other

Address Royal Oak Md Date signed 1/7/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (144E)

0985

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot County

City or town: Easton Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Aurora (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Irma Rowena McMahon

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dewey H. McMahon

6(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): June 25, 1902

8. AGE: Years: 37 ~~26~~ Months: 7 Days: If less than one day: hrs. min.

9. Birthplace: Ashland Va (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Dr. T. J. Jones

13. Birthplace: St. Marys Co. Md.

MOTHER

14. Maiden name: Muriel Johnston

15. Birthplace: Middleburg, Md.

16. Informant: Dewey H. McMahon

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 27, 1940 (month) (day) (year)

Cemetery or crematory: Cemetery Springhill

Location: Easton Md.

18. Funeral director: Maurice E. Newnam & Son

Address: Easton, Md

19. 1/27 1940 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 25th 1940, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10th 1940, to Jan 25th 1940, and that I last saw her alive on Jan 25th 1940.

Immediate cause of death: Acute interstitial nephritis uremia. — DURATION: 48 hrs

Due to: Toxemia of pregnancy — 4 mo

Due to: Pyelitis of pregnancy. C.W.G.R. 4/2/1940.

Other conditions: Acute Pyelitis. Assigned to acute pyelitis; because kidney complication preceded delivery. (Include pregnancy within 3 months of death)

Major findings:

Of operations: There was no delivery or abortion. C.W.G.R.

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jack B. Gerber M.D. M. D. or other

Address: Easton, Md Date signed: 1/26/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0986

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton md. R. F. D. 7

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton R.D Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Addison McQuay.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890 Dec. 14

8. AGE:

Years	Months	Days	If less than one day
50	1	14	hrs. min.

9. Birthplace Cordova, Md Talbot Co.

(Town, county, and state)

10. Usual occupation Sabre.

11. Industry or business

FATHER 12. Name Legio McQuay

13. Birthplace Cordova Md Talbot Co

MOTHER 14. Maiden name unknown

15. Birthplace

18. Informant Fred McQuay

Address Easton Md R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 31, 1940 (month) (day) (year)

Cemetery or crematory Newtown, Cordova Md

Location

18. Funeral director Earl W. Stafford

Address Easton md

19. 1/29 1940 N. H. Norris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28, 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 20 1940, to Jan 28 1940, and that I last saw him alive on Jan. 28 1940.

Immediate cause of death	DURATION
Acute Myocarditis	1/28/40
Due to Pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Wolf M.D. M. D. or other

Address Easton, Md. Date signed 1/30/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0987

CERTIFICATE OF DEATH

Reg. Dist. No. 794

1. PLACE OF DEATH:

County Talbot

City or town Tilghman

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ~~Oxford~~, Md County Talbot

City or town Oxford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Josephine P. Mitchell

3. (b) Social Security Number None

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife Wm E. Michell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1853.

8. AGE: Years 86 Months 7 Days 3 If less than one day hrs. min.

9. Birthplace Talbot Co. Md

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER

12. Name Thomas Parsons

13. Birthplace Talbot Co. Md

MOTHER

14. Maiden name Susan Ann Benson

15. Birthplace Talbot Co. Md

16. Informant Mrs Lillian B. Rude

Address Tilghman, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Oxford

Location Oxford Md

18. Funeral director Newnam + Harrison

Address St. Michaels, Md

19. Jan. 26 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 1940, to Jan 25 1940, and that I last saw her alive on Jan 25 1940.

Immediate cause of death Influenza

Due to Vasomotor

Due to

Other conditions no

(Include pregnancy within 8 months of death)

Major findings:

Of operations no

Of autopsy no

DURATION

6 days

2 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Tilghman Md Date signed 1/26/40

Apr 11 1908

RECEIVED
FEB 7 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Pal 0988

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town (Thomastown) Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Moorehead

3. (b) Social Security Number -

4. Sex: Male | 5. Color or race: Black | 6.(a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18 1940

8. AGE: Years | Months: 5 mo. fetus | Days | If less than one day: hrs. min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name William R. Moorehead

13. Birthplace Greensboro, N.C.

MOTHER 14. Maiden name Mary Carmichael

15. Birthplace Newnan, Ga.

16. Informant Mary Moorehead

Address Denton (Thomastown), Md.

17. Burial Date thereof 1/19/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Thomastown Cemetery

Location Hillsboro Md.

18. Funeral director Wm. R. Moorehead

Address Denton, Md.

19. 1/19 1940 N. A. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1940, at 11:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death: Abortion 4 mos.	
Due to Pneumonia Lobar	4 Days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Palmer M. D. or other

Address Easton Md. Date signed 1/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(940)

CERTIFICATE OF DEATH

0989

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Goldsboro, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

2. (a) FULL NAME Mrs Josephine Nagel

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Harry Nagel

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
60 yrs			hrs. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant R. B. Rawlings

Address Greensboro Md

17. Burial Date thereof 1/22/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro Md.

Location Greensboro Md.

19. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 1/20 1940 N. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1940, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Jan 19 1940, and that I last saw h alive on Jan 19 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 hr
Arteriosclerosis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M.D.
M. D. or other

Address Easton Md Date signed 1-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59-C)

CERTIFICATE OF DEATH

8990

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Royal Oak, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Royal Oak, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter S. Oliver

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar 5-1890.

8. AGE: Years: 49 Months: 10 Days: 26 If less than one day ____ hrs. ____ min.

9. Birthplace: Royal Oak Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Geo Oliver
13. Birthplace: Royal Oak Md

MOTHER
14. Maiden name: Amanda Mackey
15. Birthplace: Royal Oak Md.

16. Informant: Martha Brunwell
Address: Royal Oak Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 3-1940 (month) (day) (year)

Cemetery or crematory: St Pauls Cemetery

Location: (Diamond Corner) Royal Oak, Md.

18. Funeral director: John D Williams
Address: Easton, Md.

19. 2/2 1940 (Date rec'd by registrar) N. H. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31 1940, at 4:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 31 1940 and that I last saw him alive on Jan 30 1940

Immediate cause of death: Acute Cardiac Thrombosis

Due to: Chr Rheumatism

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

DURATION: 11 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? ✓

23. SIGNATURE: P. B. Bowers M.D.
M. D. or other

Address: St Michaels Date signed 1/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

0991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural - Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Rural - Near Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Magdalene Potter

3. (b) Social Security Number None

4. Sex Female | 5. Color or race Colored | 6. (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife ~~Charles E. Potter~~

6(c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) 6-3-1939

8. AGE: Years | Months 7 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Near Easton (Talbot Co)
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Charles E. Potter
13. Birthplace Nr. Easton

MOTHER
14. Maiden name Alameta Brice
15. Birthplace nr. Easton

16. Informant Charles E. Potter
Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-23-40 (month) (day) (year)

Cemetery ~~or crematory~~ Hammondtown

Location Easton Md

18. Funeral director Maurice E. Newnam & Son
Address Easton, Maryland.

19. 1/21 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and ~~that I last saw h~~ alive on ___ 19___.

Immediate cause of death Gastro-enteritis

Due to Improperfeedy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Louis D. Welty MD M. D. or other

Address Dep. Med. Ex. Easton Md Date signed 1-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

0992

CERTIFICATE OF DEATH

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Potter

3. (b) Social Security Number 212-16-1978

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary Potter
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) ? 1870

8. AGE: Years 70 Months Days If less than one day hrs. min.

9. Birthplace Talbot County
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Henry Potter
13. Birthplace Md

MOTHER 14. Maiden name Margaret Rich
15. Birthplace Md

16. Informant Milton Potter
Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/18/40 (month) (day) (year)

Cemetery or crematory Bucharts
Location Easton Md

18. Funeral director James A. Stevens
Address Easton Md

19. 1/15 (Date rec'd by registrar) 1940 M. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 5? P.M.

21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased from~~ ____ 19____, to ____ 19____, and that I last saw him alive on 1-13-40 19____.

Immediate cause of death Cardio-vascular Renal disease

DURATION	
Due to	Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis D. Watts Dep. Med Exr. M. D. or other
Address Easton Md Date signed 1-15-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0993

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH:

County Talbot

City or town Tilghmans Islands

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Tilghmans Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jaywood, Rambo

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Josephine Middleton deceased

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1854

8. AGE: Years 85 Months 2 Days 12 If less than one day hrs. min.

9. Birthplace Kent County, Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business "

FATHER 12. Name Not known

13. Birthplace X

MOTHER 14. Maiden name Not known

15. Birthplace X

16. Informant Mr S. E. Larrimore

Address Tilghmans Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 11, 1940 (month) (day) (year)

Cemetery or crematory Green Lawn

Location Cambridge Md

16. Funeral director G S Le Cocquet

Address Cambridge

19. Jan 9 1940 (Date rec'd by registrar) G F Jackson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1940, at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 8 1940, to Jan 8 1940, and that I last saw him alive on Jan 8 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 6 hrs

Due to Hypertension — 6 yrs

Due to

Other conditions convalescent mylitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy M Reeper M. D. or other

Address Tilghmans Md Date signed Jan 9 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I) (T) (M)

RECEIVED
FEB 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

0994

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Maggie Retallock

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife Albert Retallack
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 14 - 1876
8. AGE: Years 64 Months 8 Days 2 If less than one day hrs. min.
9. Birthplace Talbot County (Town, county, and state)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name Arthur A. Plummer
13. Birthplace Talbot County
MOTHER 14. Maiden name Jeanette Jory
15. Birthplace Baltimore Md.
16. Informant Albert Retallack
Address Oxford, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 29-1940 (month) (day) (year)
Cemetery or crematory Springhill Cemetery
Location Easton, Md.
18. Funeral director James A. Spence
Address Easton Md.
19. 1/27 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1940, at 11 13 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25 1940, to Jan. 26 1940, and that I last saw her alive on Jan. 26 1940.

Immediate cause of death Broncho pneumonia — DURATION 7 day
Due to
Due to
Other conditions Diabetes — 9 Year
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jack B. Burton M.D. M. D. or other
Address Easton Md. Date signed 1/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0995

Reg. Dist. No. 290

1864

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 28 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 328 East Dover Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Lizzie Robson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2nd, 1865

8. AGE: Years	Months	Days	If less than one day
74 yrs.	7	3	hrs. min.

9. Birthplace Talbot County, Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Joseph S. Robson

13. Birthplace Md

MOTHER 14. Maiden name Sarah Kemp

15. Birthplace Md.

18. Informant Wm. H. Robson

Address Baltimore, Md.

17. Burial Date thereof Jan. 30 1940

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director James A. Spence

Address Easton, Md.

19. 1/27 1940 W. H. Nevins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Jan 26 1940, and that I last saw h[illegible] alive on Jan 26 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	1 hr
Due to Carcinoma (primary in breast)	1½ yrs
Due to Fracture of left femur	6 wks
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) At home

Means of injury Injured at work?

23. SIGNATURE Jas. K. B. Seth M. D. or other

Address Easton, Md. Date signed 1/27/40

RECEIVED
FEB 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1014a

CERTIFICATE OF DEATH

0996

Reg. Dist. No. 290

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: WITHIN CORPORATE LIMITS OF Emergency Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 15 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Linda Bell Schuyler

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1938

8. AGE: Years 1 | Months 1 | Days 19 | If less than one day hrs. min.

9. Birthplace Queen Anne, Co.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Harry Schuyler

13. Birthplace Queen Anne, Co. Md.

MOTHER 14. Maiden name Linda Bell Morris

15. Birthplace Talbot Co. Md.

16. Informant Harry Schuyler

Address Centreville, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3, 1940 (month) (day) (year)

Cemetery or crematory Chesterfield Cemetery

Location Centreville, Md.

18. Funeral director Barton Brothers

Address Centreville, Md.

19. 1/2 1940 M. H. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1940, at 11 05 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended from Dec. 19 1939 to Jan 2 1940, and that I last saw her alive on Jan. 2 1940

Immediate cause of death	DURATION
Coryza	1 month
Marasmus	1 month
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.

M. D. or other

Address Easton Md Date signed 1-3-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-a

0997

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 11 days
Stay in this community (yrs., or mos., or days) 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talb
City or town Greenstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Margie A Shaney

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife William Shaney

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) May 23 1883

8. AGE: Years	Months	Days	If less than one day
56	8	3	hrs. min.

9. Birthplace Bernville, Pa Berks Co
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Howard R. Wisher
13. Birthplace Bernville Pa

MOTHER
14. Maiden name Rebecca A Kauffman
15. Birthplace Hamburg Pa

16. Informant Wm. Shaney
Address Greenstown Md

17. Burial Date thereof 1 29 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Zion
Location Pottstown Pa
Barton Bros

18. Funeral director
Address Centreville, Md

19. 1/27 1940 N. H. Merrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 4 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16 1940, to 1/26 1940, and that I last saw her alive on 1-26- 1940.

Immediate cause of death	DURATION
Carcinoma of cervix	2 yrs ?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Graham M.D.
M. D. or other
Address Easton Md Date signed 1-26-40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0998

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town St Michaels
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town St Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	—

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1940

8. AGE: Years	Months	Days	If less than one day
~~99~~	Jan	~~21~~	— hrs. — min.

9. Birthplace St Michaels
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Philip Randolph Smith
13. Birthplace St Michaels

MOTHER
14. Maiden name Lilly May Carr
15. Birthplace Oxford Md

18. Informant Julia E Miles
Address St Michaels

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Bay Michaels
Location St Michaels Md

18. Funeral director Julia E Miles Mid wife
Address St Michaels Md

19. Jan 23 1940 (Date rec'd by registrar) John Hurvales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1940, at 11½ P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 21 1940, and that I last saw him alive ~~dead~~ on Jan 21 1940.

Immediate cause of death Carrying wash water up Stairs strain or slip — DURATION

Due to —

Due to over work

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? at home at Michaels (City or town) Talbot (County) Co. Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury stated above Injured at work? Yes

23. SIGNATURE Julia E Miles Midwife (M. D. or other)
Address St Michaels Date signed Jan 21 1940

RECEIVED
FEB 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0999

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town Newcomb
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Gordon Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Augusta L. Smith
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 18 1868

8. AGE:

Years	Months	Days	If less than one day
70	6	18	hrs. min.

9. Birthplace Mobile, Ala.
(Town, county, and state)
10. Usual occupation Salesman
11. Industry or business
FATHER 12. Name Hinson H. Smith
13. Birthplace Mobile Ala.
MOTHER 14. Maiden name Rosa Foote
15. Birthplace Mobile, Ala.
16. Informant Mrs. W. G. Smith
Address Newcomb, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 6, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Olivet
Location St. Michaels, Md.
18. Funeral director Newnam & Harrison
Address St. Michaels Md
19. January 5 1940 (Date rec'd by registrar) John Howard Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1940, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to Jan 2 1940, and that I last saw h-- alive on Jan 1, 1940

Immediate cause of death Acute Coronary Thrombosis — DURATION: A few hours

Due to

Due to

Other conditions Chr Rheumatism

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Yes

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE L. V. Blevins M.D.
M. D. or other
Address St. Michaels Md Date signed 1.4.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

CERTIFICATE OF DEATH

1000

Reg. Diat. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Near Trappe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 68 yrs 9 mos 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Rural - (Trappe) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Henry Smith

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Minnie Smith
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Apr. 15, 1871

8. AGE:

Years	Months	Days	If less than one day
68	9	16	hrs. min.

9. Birthplace: Near Trappe Talbot Co, Md
(Town, county, and state)
10. Usual occupation: Farmhand
11. Industry or business:
FATHER 12. Name: Joseph Smith
13. Birthplace: Near Trappe
MOTHER 14. Maiden name: Mary Martha Banks
15. Birthplace: Talbot Co. Md.
16. Informant: Mrs. Minnie Smith
Address: Trappe, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 6 1940 (month) (day) (year)
Cemetery or crematory: Trappe Colored
Location: Near Trappe
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Md
19. Feb. 2d 1940 (Date rec'd by registrar) Douglas Corse Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 31st 1940, at 10:45 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19, to 19, and that I last saw h alive on 19.

Immediate cause of death: Acute cardiac dilitation — DURATION: 5 min.
Due to: Chronic myocarditis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Louis D. Watts Dep. Med Ex.
M. D. or ~~other~~
Address: Easton Md Date signed: 2-1-40

RECEIVED
MAR 2 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (I)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1001

Reg. Dist. No. 29

1. PLACE OF DEATH:
County Talbot
City or town Oxford Md. Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford RD 2 Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah E. Teeta

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1914

8. AGE: Years	Months	Days	If less than one day
25	3	15	hrs. min.

9. Birthplace New Bridge Easton RD 2 Md. (Town, county, and state)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name Robert Teeta
13. Birthplace Starr Queen Annes Co Md.
MOTHER 14. Maiden name Sarah E. Hayman
15. Birthplace Ivytown, Easton, Md. RT
16. Informant Sarah E. Teeta
Address Oxford, RD. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 15-40. (month) (day) (year)
Cemetery or crematory Ivytown,
Location Easton RD 2 Md.
18. Funeral director John D. Williams
Address Easton Maryland.
19. 40 Jan 17 1940 Joseph A Coss Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1940, at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Saw her once only, while to Dec 12 1939, and that I last saw her alive on " " 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	?
Due to Syphilis	?
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Joseph A Coss MD M. D. or other
Address Trappe Md Date signed 1/20/40

RECEIVED
FEB 2 1940
BUREAU V. S.

1002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93rd

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot Co.

City or town Easton Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 13 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline Co.

City or town Goldsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ira Tribbet

3. (b) Social Security Number

4. Sex M.

5. Color or race W

6. (a) Single, married, widowed, or divorced ✓

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1877

8. AGE: Years ~~63~~ 62 ✓ Months 6 Days 10 If less than one day hrs. min.

9. Birthplace Santown, Del.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name Wm. Tribbet
13. Birthplace Del.

MOTHER
14. Maiden name Anna May
15. Birthplace Del.

16. Informant Mrs. Daisy Tribbet

Address Goldsboro, Md.

17. burial (Burial, cremation, or removal. Which?) Date thereof 1/15/40 (month) (day) (year)

Cemetery or crematory Greensboro 1/15/40

Location Greensboro, Md.

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 1/12 1940 (Date rec'd by registrar) N. H. Neiers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1940, at 3 a.m. 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 1940, to Jan 12 1940, and that I last saw him alive on Jan 12 1940

Immediate cause of death: Acute decompensation of Chronic myocarditis — DURATION: 3 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. E. Cox M.D. M. D. or other

Address Easton Md Date signed 1-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

I

JAN 27 1940
U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

1003

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 46 days

Stay in this community (yrs., or mos., or days) 90 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Royal Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Chamberlaine Trippe

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of ~~husband or wife~~ wife Mary Leonard Trippe

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23 - 1849

8. AGE: Years 90 Months 3 Days 1 If less than one day hrs. min.

9. Birthplace Oxford (Talbot Co) Md.
(Town, county, and state)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name William Richard Trippe
13. Birthplace Maryland

MOTHER
14. Maiden name Marion Chamberlaine
15. Birthplace Maryland

16. Informant Mrs. Marion Trippe Ferguson
Address Royal Oak, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 27 1940 (month) (day) (year)

Cemetery or crematory Springhill Cemetery

Location Easton, Md.

18. Funeral director James A. Spence Pr. EB7.
Address Easton, Md.

19. 1/27 1940 (Date rec'd by registrar) N. H. Neirius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1940, at 12:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 9 1939, to Jan. 24 1940, and that I last saw him alive on Jan. 24 1940.

Immediate cause of death Hypostatic Pneumonia — DURATION 1-2-40

Due to

Due to

Other conditions Fractured neck of femur left — 12-9-39
(Include pregnancy within 3 months of death)

Major findings: due to an accidental fall. cw.g.r.

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident. Date of December 9th, 1939.

Where did injury occur? Royal Oak, (City or town) Talbot (County) County (State)

Injured at home, farm, industry, public place (where?) in his home.

Means of injury Accidental fall. Injured at work?

23. SIGNATURE W. H. Noble M. D. or other

Address Easton Md. Date signed 1/26/40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

1004

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Bozman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louisa Wisebaugh

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm. H. Wisebaugh

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1851

8. AGE: Years	Months	Days	If less than one day
88	2	25	hrs. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER 12. Name Wm. McCorkle

13. Birthplace Va.

MOTHER 14. Maiden name Mary Ails

15. Birthplace Va

16. Informant Mrs. Mary Burkett

Address 1304 N. Chester St. Balto.

17. Burial Date thereof Jan 16, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church

Location Bozman, Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. 1/15 19 40 M. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 7:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 8 1940, to Jan. 13 1940, and that I last saw her alive on Jan. 13 1940.

Immediate cause of death	DURATION
Senility	?
Fibroid Tuberculosis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Cox M. D.

Address Easton Md M. D. or other

Date signed 1-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 15

RECEIVED
JAN 19 1940
BUREAU OF